

NOV 22 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38443

1. PLACE OF DEATH

County Pettis
Township _____
City Sedalia (No. _____)Registration District No. 61-7
Primary Registration District No. 2-2-3-3-1
East SalineFile No. 283
Registered No. 668
St. _____ Ward _____2. FULL NAME Sarah E. Hefner(a) Residence, No. 500 East Saline St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1865		
7. AGE YEARS 72	MONTHS 3	DAYS 26
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri	
	13. NAME Cooper	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky	
	15. MAIDEN NAME Sarah Curtis	
MOTHER FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky	
	17. INFORMANT Mrs. J. W. Marchm (ADDRESS) Sedalia, Mo.	
18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE October 8, 1937		
19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo.		
20. FILED 1-8-38		

Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 6, 1937**

22. I HEREBY CERTIFY, That I attended deceased from

Oct 1, 1937, to Oct 6, 1937
I last saw him alive on **Oct 6, 1937** Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

**I. Hemiplegia
Cerebral Hemorrhage**

Date of onset

Other contributory causes of importance:

**1. Hypertension
old age**

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **(M)**

If so, specify _____

(Signed) **J. E. Mitche**, M. D.(Address) **Sedalia, Mo.**

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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1. PLACE OF DEATH

(a) County Pettis Registration District No. 6668
(b) Township Sedalia Primary Registration District No. 3032 Registered No. _____
(c) City Sedalia (d) Street No. 200 East Saline St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 300 East Saline St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 3 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. unemployed
10. Date deceased last worked at this occupation (month and year) _____ spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Cooper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Sarah Cooper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. J. W. MacArthur
Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE Oct 8 1937

19. FUNERAL DIRECTOR (ADDRESS) Gillette's Funeral Home
Sedalia Mo

20. FILED 11-8 1937 John Black
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1937 to Oct 6 1937

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Cerebral Hemorrhage
Date of onset _____

Other contributory causes of importance: Hypertension
old age

Name of operation _____ Date of _____

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23. If death was due to external causes (violence), fill in also the following:
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Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. E. Mitchell, M. D.

(Address) Sedalia Mo

